



OFFICE OF THE GOVERNOR AND LT. GOVERNOR

State Capitol
Des Moines, IA 50319
515-281-5211

www.governor.iowa.gov

Send this application form, a cover letter and a copy of your resume to:

Email: ann.hughes@iowa.gov

Fax: 515-725-3527

Mail: Office of the Governor, Attn: Internships, State Capitol, Des Moines, IA 50319

First Name _____ **M.I.** _____ **Last Name** _____

Areas of Interest (Rank in order of priority; 1 = highest priority)

_____ Constituent Services/Administration _____ Policy _____ Scheduling

_____ Lt. Governor _____ State/Federal Relations (Internship in Washington D.C.)

Circle the Internship cycle(s) you are available for:

Spring
(January-May)

Summer
(June-August)

Fall
(September-December)

Specify dates of availability: _____

Specify the weekdays and hours you will be able to work weekly:

Note: You must commit to at least 16 hours per week to qualify.

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

PERSONAL INFORMATION

Current Address:

Permanent Address:

Home Phone:

Home Phone:

Cell Phone:

Cell Phone:

E-mail Address:

Date of Birth:

High School:

High School Address:

Year of High School Graduation:

College(s) Attended:

College Graduation Date:

Major(s):

Major GPA:

Minor(s):

Overall GPA:

Additional Education:

Area of Focus:

Date of Graduation:

GPA:

Will this internship qualify for credit? _____ YES _____ NO

The faculty advisor or internship coordinator that will be working with our office and you to facilitate this internship is:

Name: _____ **Phone:** _____

REFERENCES

Please provide three references

1. Name: _____

Address: _____

Phone: _____

Relationship: _____

2. Name: _____

Address: _____

Phone: _____

Relationship: _____

3. Name: _____

Address: _____

Phone: _____

Relationship: _____

Additional questions or comments:
